



**STATE OF SOUTH DAKOTA INVESTIGATOR'S MOTOR
VEHICLE TRAFFIC ACCIDENT REPORT**

Mail to: Office of Accident Records, 118 W. Capitol
Ave., Pierre, SD 57501

TraCS ID: **153366-099** TraCS Sequence: **1902050021**

Agency Use Report Type

Form DPS - AR1 12/12/2014

☐ Is this only a Wild Animal Hit
Report?

Agency Name
SD HIGHWAY PATROL

Date of Accident
02/01/2019

Time of Accident
18:55 Hrs.

Reporting Officer Last Name
SIEVE

Reporting Officer First
Name
LUCAS

Reporting Officer
Middle Name

Reporting Officer #
099-153366

L O C A T I O N	Location Description ON I 90 E 0.22 MILES WEST OF I 90 E1					
	Latitude 43.605644			Longitude -96.701745		
	County 50	County Name 50 - MINNEHAHA		City or Rural 1225 - Sioux Falls		Roadway Surface Condition 03 - Snow
	On Road, Street, or Highway I 90 E				Roadway Surface Type 01 - Concrete	
	At Intersection with				Roadway Align/Grade 01 - Straight and level	
	Distance 0.4567	Units Miles/Tenths	Direction of East	MRM (milepost) 399.56	Relation to Junction 05 - Intersection related	
	Distance	Units	Direction and	Distance	Units	Direction of
	Junction or Intersecting Street			Name of Junction, Road, Street, or Highway		

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001

Traffic Control Device Type 00 - No controls			Vehicle Contributing Circumstance 00 - None		
Vehicle Maneuver 01 - Straight ahead			Road Contributing Circumstance 00 - None		
First Event 25 - Motor vehicle in transport			Second Event		
Third Event			Fourth Event		
Most Harmful Event for this Vehicle 25 - Motor vehicle in transport					
? Does the accident involve one or more of the following: <ul style="list-style-type: none"> • a truck having a GCWR of 10,001 or more pounds; OR • a vehicle displaying a hazardous material placard; OR • a vehicle designed to transport 9 or more people, including driver 			<input type="checkbox"/> Did the accident result in one or more of the following: <ul style="list-style-type: none"> • a fatality; OR • an injury requiring transportation for immediate medical attention; OR • a vehicle was disabled requiring a towaway from the scene 		
Accident Involved Vehicle - Purpose			Carrier Name		
Street Address			Street Address (Line 2)		
City	State	Zip	US DOT # 98	GVWR	GCWR
Hazardous Material Released?	Hazardous Material Content Code	Hazardious Material Class Code		Hazardous Materials Description	



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		TraCS ID: 153366-099	TraCS Sequence: 1902050021
Form DPS - AR1 12/12/2014		Agency Use	Report Type
<input type="checkbox"/> Is this only a Wild Animal Hit Report?	Agency Name SD HIGHWAY PATROL	Date of Accident 02/01/2019	Time of Accident 18:55 Hrs.
Reporting Officer Last Name SIEVE	Reporting Officer First Name LUCAS	Reporting Officer Middle Name	Reporting Officer # 099-153366

L O C A T I O N	Location Description ON I 90 E 0.22 MILES WEST OF I 90 E1					
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002

Traffic Control Device Type 00 - No controls			Vehicle Contributing Circumstance 00 - None		
Vehicle Maneuver 01 - Straight ahead			Road Contributing Circumstance 00 - None		
First Event 25 - Motor vehicle in transport			Second Event		
Third Event			Fourth Event		
Most Harmful Event for this Vehicle 25 - Motor vehicle in transport					
? Does the accident involve one or more of the following: <ul style="list-style-type: none"> • a truck having a GCWR of 10,001 or more pounds; OR • a vehicle displaying a hazardous material placard; OR • a vehicle designed to transport 9 or more people, including driver 			<input type="checkbox"/> Did the accident result in one or more of the following: <ul style="list-style-type: none"> • a fatality; OR • an injury requiring transportation for immediate medical attention; OR • a vehicle was disabled requiring a towaway from the scene 		
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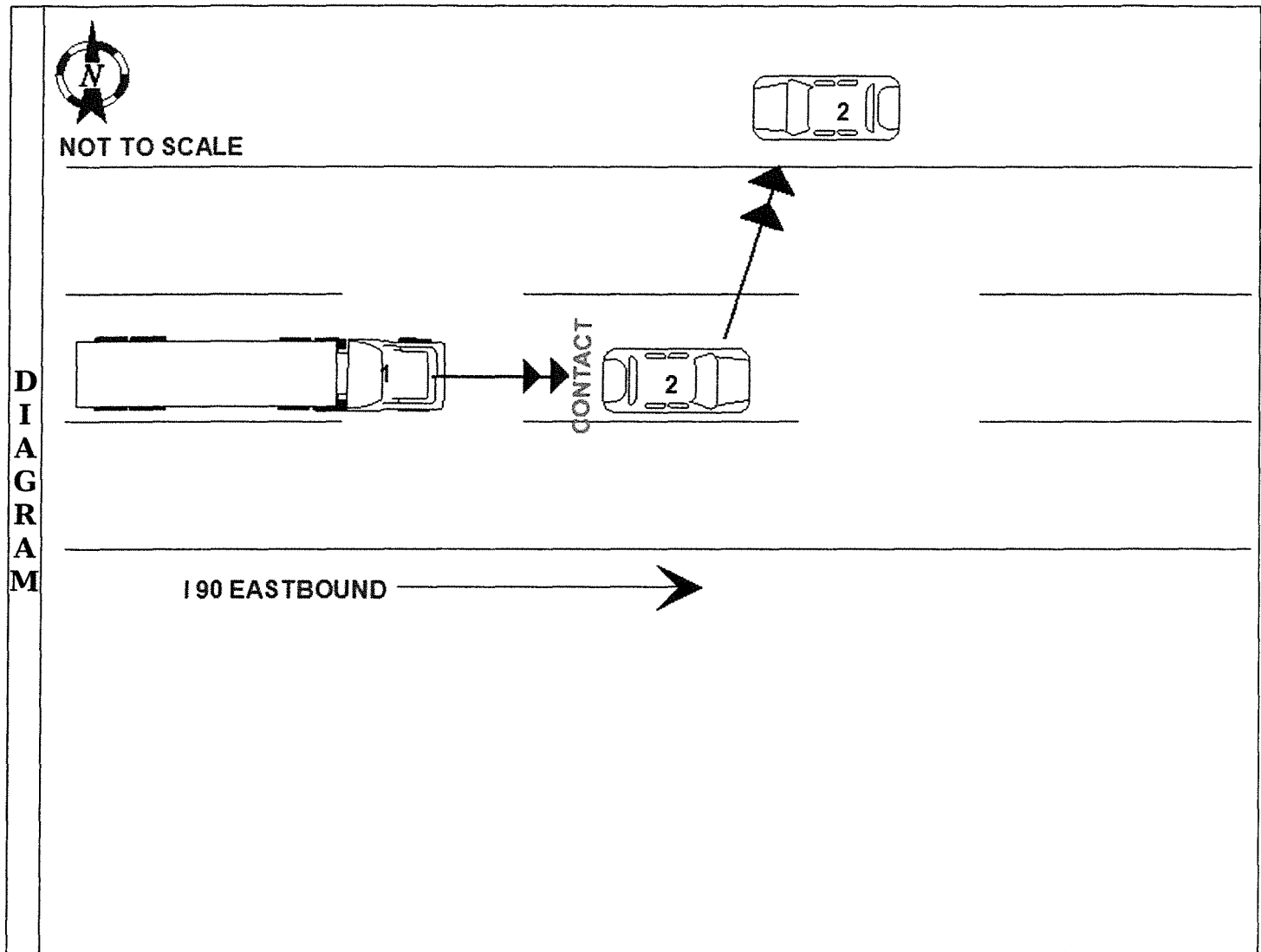
UNIT 002	Unit Type 01 - Motor vehicle in transport with driver				Hit and Run 02 - No	
	Driver's Name - Last AGETON		First TERI		Middle SUZANE	
	Address 109 W ALPINE CIR			Address (Line 2)		
	City BRANDON		State SD	Zip 57005	Date of Birth 11/03/1964	Sex 2 - Female
				Non - Motorist Location 96 - Not Applicable		
				Non - Motorist Action 96 - Not Applicable		
	Phone 6053102633		DL State SD	DL Class 1	Non - Motorist Contributing Circumstances (Up to Two) 96 - Not Applicable	
	DL Status 01 - Normal within restrictions					
	Driver Contributing Circumstances (Up to Two) 00 - None			Drug Use 00 - None used		Drug Test 02 - Test not given
	Vision Contributing Circumstance 00 - None			Alcohol Use 00 - None used		Alcohol Test 91 - Test not given
	Injury Status 05 - No injury			Ejection 00 - Not ejected		
	Saftey Equipment 03 - Lap belt and shoulder harness used			Citation Charge? 02 - No		
	Seating Position 01 - Operator			Citation #1		
	Air Bag Deployed 00 - Not deployed			Citation #2		
	Transported To			Citation #3		
	Source of Transport 00 - Not Transported			Citation #4		
	Is Driver the Owner Yes					
	Owner's Name - Last AGETON		First TERI		Middle SUZANE	
	Address 109 W ALPINE CIR			Address (Line 2)		
	City BRANDON		State SD	Zip 57005	Red Tag A502083	
	Year 1999	Make Chevrolet - CHEV	Model MONTE CARLO		VIN 2G1WW12M4X9202993	
	License Plate # 1H6794		State SD	Year 2019	Estimated Travel Speed	Speed - How Estimated? 05 - No Estimate
	Speed Limit 65	Total Occupants 1	Damage Extent 01 - Minor Damage		Vehicle Towed 02 - No	
	Damage Amount (Vehicle and Contents) 2000		Insurance Co. Name 25151 - STATE FARM GENERAL INSURANCE COMPANY			
	Insurance Policy # 098 2738 A20 41G			Effective Date 01/20/2019	Expiration Date 07/20/2019	
	Emergency Vehicle Use?			Vehicle Configuration 01 - Passenger car		
	Trailer Type 00 - No trailer/attachment			Cargo Body Type 00 - No cargo body		
Direction of Travel Before Crash 03 - Eastbound		Trailer LP # Attached to Power Unit	State	Year		
Initial Point of Impact 08 - Position 8	Most Damaged Area 08 - Position 8	Trailer 2 License Plate #	State	Year		
Underride/Override 00 - No underride or override		Trailer 3 License Plate #	State	Year		
Traffic Control Device Type 00 - No controls			Vehicle Contributing Circumstance 00 - None			
Vehicle Maneuver 01 - Straight ahead			Road Contributing Circumstance 00 - None			

First Event 25 - Motor vehicle in transport			Second Event 04 - Ran off road left		
Third Event			Fourth Event		
Most Harmful Event for this Vehicle 25 - Motor vehicle in transport					
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Work Zone Related? 02 - No	First Harmful Event? 25 - Motor vehicle in transport
Workers Present?	Location of First Harmful Event 01 - On roadway
Work Zone 96 - Not Applicable	
Work Zone Location 96 - Not Applicable	Trafficway Description 03 - Two-way, divided, unprotected (painted >4 feet) median
Manner of Collision 04 - Sideswipe, same direction	Light Condition 03 - Dark - lighted roadway
School Bus Related? 00 - No	Weather Conditions (up to two) 05 - Snow

D O A B M J A E G C E T D	Damaged Object (Property Other Than Vehicles)		Estimate of Damage	
	Owner's Full Name - Last		First Name	Middle Name
	Address		Address (Line 2)	
	City	State	Zip	

I P N E J R U S R O E N D	Unit #	Last Name	First Name		Middle Name
	Address		Address (Line 2)		
	City	State	Zip	Date of Birth	Sex
	Injury Status		Ejection		
	Seating Position		Safety Equipment		
	Air Bag Deployed		Source of Transport		
	Transported to		EMS Trip #		

**NARRATIVE**

UNIT 1 WAS TRAVELING EASTBOUND ON I 90 NEAR MILE MARKER 399 WHEN IT COLLIDED WITH THE REAR END OF UNIT 2 ON I 90. UNIT 2 CONTINUED INTO THE MEDIAN AND CAME TO A REST.

W I T N E S S	Last Name		First Name		Middle Name	
	Address					
	Address (Line 2)					
	City	State	Zip	Phone #		

Date Notified 02/01/2019	Time Notified 18:55 Hrs.	Date Arrived 02/01/2019	Time Arrived 18:55 Hrs.
Agency Type 01 - Highway patrol	Investigation Made at Scene? 01 - Yes	Photos Taken? N	Date Approved 02/05/2019
Approval Officer	Last Name WOSJE	First Name MATT	Middle Name